



Health service to Khas  
Kunar IDPs

Campaign against  
mosquito-borne and  
skin diseases in the  
Law IDP Camp



Coordination with  
Camp Health  
Authorities

# Project Completion Report

Kunar Earthquake Medicine Support by Direct Relief and AAHO



## **Final Report on Kunar Emergency Health Medicine Prescription and Distribution Services (Supported by Direct Relief through AAHO)**

*Reporting Period: 1st Oct to 15th November 2025*

### **1. Introduction**

This report provides an official confirmation of the receipt and utilization of the medical consignment donated by Direct Relief through AAHO, and marks the formal commencement of medicine distribution under the Kunar Fixed and Mobile Health Services Project.

The medical shipment was received jointly by AGCO and AIMA on 29 August 2025 and subsequently transported and securely stored in Kunar Province for deployment. The consignment was intended to strengthen ongoing emergency and primary healthcare interventions targeting earthquake-affected, displaced, and vulnerable populations residing in various locations across the province.

Following the completion of logistical preparations, AGCO's clinical teams, in close coordination with AIMA and local health authorities, initiated the medicine distribution process during the first week of October 2025. All medicines and medical supplies were dispensed through a structured prescription system, managed exclusively by qualified medical doctors, midwives, and pharmacists operating in both the fixed and mobile health clinics.

This controlled system ensured rational use of medicines, accurate record-keeping, and transparent accountability throughout the distribution chain.

The report highlights the early implementation activities, including deployment locations, beneficiary reach, distribution mechanisms, and operational challenges encountered, while reaffirming AGCO's commitment to the efficient, transparent, and needs-based utilization of donor resources in addressing the urgent health needs of communities across Kunar Province.

### **2. Executive Summary**

Between 1 October and 15 November 2025, the Afghanistan Green Crescent Organization (AGCO), with the support of AIMA and Direct Relief through AAHO, successfully implemented the Kunar Fixed and Mobile Health Services Project to provide primary and emergency healthcare to earthquake-affected, displaced, and returnee communities across Kunar Province.

The project operated through both mobile health teams and a fixed health clinic in the Khas Kunar IDP Camp, ensuring continued access to essential medical care for the most vulnerable families. During this period, the mobile teams reached remote areas across Nurgal, Chawkay, Khas Kunar and Ghaziabad districts of Kunar Province, serving 4,284 individuals and treating 4,694 disease cases. The fixed clinic in Khas Kunar IDP Camp provided ongoing care to 3,258 beneficiaries, managing 3,563 clinical cases, including 1,335 male and 2,168 female patients, of whom 783 were children.

In total, 7,542 patients received direct consultations and 8,257 medical cases were treated, alongside 580 maternal and reproductive health services—including antenatal, postnatal, and family planning support. The team also conducted a public health campaign in Lewa/Osmani IDP Camp, distributing insect repellents to 260 families (3,570 individuals) and raising awareness on mosquito-borne and skin disease prevention.

Two field monitoring visits (1–2 and 29–30 October) were carried out to strengthen coordination, review performance, and deliver staff salaries and medicines. Despite operational challenges such as difficult terrain, communication limitations, and high demand for services, AGCO maintained uninterrupted operations through close collaboration with AIMA, local authorities, and community representatives.

The project's outcomes demonstrate AGCO's successful transition from emergency mobile response to a sustainable fixed-clinic model, ensuring long-term access to quality healthcare. The experience highlights the importance of local partnership, community trust, and continued donor engagement to sustain service delivery and enhance resilience among Afghanistan's earthquake-affected population.

### 3. Background and Context

In August and September 2025, a series of powerful earthquakes struck several districts of Kunar Province, causing widespread devastation, loss of life, and displacement. More than 2,200 people lost their lives, over 3,600 were injured, and thousands of families were forced to abandon their homes due to destroyed infrastructure and unsafe living conditions. The disaster severely affected public facilities, including health centers, leaving many communities without access to basic healthcare.

The aftermath created an acute humanitarian crisis, particularly among women, children, and elderly populations, who faced heightened vulnerability due to poor shelter, limited food, and the spread of communicable diseases. Health risks were further compounded by unsanitary conditions, lack of clean water, and insufficient medical supplies, making immediate intervention critical.

In response, the Afghanistan Green Crescent Organization (AGCO), in collaboration with the Afghanistan Islamic Medical Association (AIMA) and with medical support from Direct Relief through AAHO, launched the Kunar Fixed and Mobile Health Services Project. The initiative aimed to restore access to essential and emergency healthcare services for earthquake-affected families, internally displaced persons (IDPs), returnees, and host communities across the most impacted districts of Nurgal, Chawkay, Ghaziabad, and Khas Kunar.

The target population included displaced families residing in temporary camps, such as the Khas Kunar IDP Camp, and those returning to partially damaged villages. Priority was given to pregnant and lactating

women, children under five, and patients with chronic or acute illnesses who lacked access to medical care.

The project's rationale was grounded in the urgent need to:

- Deliver life-saving health interventions and prevent disease outbreaks in crisis-affected areas.
- Provide maternal and reproductive healthcare through qualified female doctors and midwives.
- Establish a sustainable fixed-clinic model to ensure continuity of care after the initial emergency phase.
- Strengthen local capacity through collaboration with AIMA, local health authorities, and community leaders for long-term impact.

Supported by Direct Relief through AAHO, this initiative represented a coordinated humanitarian effort to reduce suffering, restore dignity, and build resilience among earthquake-affected populations in Kunar Province.

## 4. Project Objectives and Expected Results

### 4.1 Project Objectives

The Kunar Fixed and Mobile Health Services Project, implemented by the Afghanistan Green Crescent Organization (AGCO) in collaboration with AIMA and supported by Direct Relief through AAHO, was designed with the following objectives:

1. To deliver essential emergency and primary healthcare services to at least 7,000 earthquake-affected, displaced, and returnee individuals across Nurgal, Chawkay, Ghaziabad, and Khas Kunar districts between 1 October and 15 November 2025, ensuring equitable access to lifesaving medical care.
2. To strengthen maternal, neonatal, and child health (MNCH) services by providing a minimum of 580 antenatal (ANC), postnatal (PNC), and family planning consultations through qualified female doctors and midwives in the project's fixed and mobile clinics.
3. To prevent and control communicable and vector-borne diseases by conducting at least one targeted health campaign in the Lewa/Osmani IDP Camp, reaching 260 families (3,570 individuals) with preventive medicine, insect repellents, and health awareness sessions on hygiene and disease prevention.
4. To ensure the rational use of medicines and transparent management of medical supplies, by implementing a structured prescription and distribution system managed by qualified health professionals and monitored through two field supervision missions during the reporting period.
5. To build operational sustainability and local capacity by both mobile health service delivery and fixed-clinic in the Khas Kunar IDP Camp, ensuring continued healthcare access beyond the emergency phase.

## 4.2 Expected Results and Key Achievements

By the end of the reporting period (1 October –15 November 2025), the project achieved the following measurable results:

| Indicators                                                    | Targets (Planned) | Achievements (Actual)                                      |
|---------------------------------------------------------------|-------------------|------------------------------------------------------------|
| Total number of beneficiaries provided with healthcare        | 7,000 individuals | 7,542 individuals                                          |
| Total medical consultations and treatments provided           | 8,000 cases       | 8,257 cases                                                |
| Maternal and reproductive health consultations (ANC, PNC, FP) | 580               | 580                                                        |
| Health campaigns conducted                                    | 1                 | 1 (Mosquito-borne & skin disease prevention)               |
| Families reached through public health campaign               | 250               | 260 families (3,570 individuals)                           |
| Field monitoring and supervision missions                     | 2                 | 2 completed (1–2 Oct & 29–30 Oct)                          |
| Transition to fixed clinic operations                         | 1                 | Achieved – Fixed clinic established in Khas Kunar IDP Camp |
| Coordination with partners and local health actors            | Continuous        | Ongoing collaboration with AIMA & local authorities        |

## 4.3 Outcomes

- Improved access to equitable, quality healthcare for earthquake-affected populations.
- Reduced morbidity from respiratory, gastrointestinal, and skin-related diseases.
- Enhanced maternal and child health outcomes through accessible ANC/PNC and family planning services.
- Increased community awareness on vector control and hygiene practices.
- Strengthened accountability and sustainability through a structured prescription system and continuous monitoring.



## 5. Implementation Overview

### 5.1 Approach and Methodology

The Kunar Fixed and Mobile Health Services Project was implemented by the Afghanistan Green Crescent Organization (AGCO) in partnership with the Afghanistan Islamic Medical Association (AIMA) and with Medicine support from Direct Relief through AAHO. The project integrated both mobile and fixed health service models to ensure uninterrupted healthcare access for earthquake-affected, displaced, and returnee populations across Kunar Province.

A key component of the project's success was the Direct Relief medicine shipment, which was received on 29 August 2025 and immediately allocated to sustain operations for both mobile outreach teams and the fixed clinic in Khas Kunar IDP Camp. The shipment included a broad range of lifesaving essential medicines, diagnostic supplies, and infection control materials, which significantly enhanced the project's treatment capacity and response effectiveness.

### 5.2 Key items received included:

1. Albendazole 200mg Tablets
2. Azithromycin 250mg Tablets
3. Ciprofloxacin Hydrochloride 500mg Tablets
4. Ipratropium Bromide 17mcg Aerosol Solution
5. Albuterol Sulfate 0.09mg Suspension
6. Hydrochlorothiazide 25mg Tablets
7. Metformin Hydrochloride 500mg Tablets
8. Empagliflozin 10mg Tablets
9. Antimicrobial Incise Drape, Sterile (13x13")
10. Safety Lancets, 21G Retractable
11. Blood Glucose Meters and Professional Test Strips
12. Non-Latex Exam Gloves, Size Medium
13. Defibrillator (AED Heartstart)
14. Transport Body Bags with ID Tags
15. Protective Coveralls, Microporous, Disposable
16. Water Purification Tablets (Troclosene Sodium 8.68g)
17. Insect Repellents (DEET 30%) – Spray & Towelettes
18. Oral Rehydration Salts (ORS) 20.5g Sachets
19. Multiple Micronutrient Supplements (Antenatal Kirk Humanitarian)



These items were stored under safe and temperature-appropriate conditions at the Kunar warehouse and distributed to field teams under AGCO's standard operating procedure (SOP) for medicine management, which includes:

- Prescription-only dispensing by certified doctors and midwives.
- Daily usage logs and patient-specific recordkeeping to ensure rational utilization.
- Inventory reconciliation and tracking through a simple reporting template endorsed by AGCO management.



### 5.3 Prescription Methodology:

Medicines were prescribed based on standardized clinical guidelines approved by the Ministry of Public Health (MoPH) and overseen by AIMA's medical coordinators. Each patient consultation involved



medical examination, diagnosis entry in the registration logbook, and corresponding prescription issuance. Dispensing was conducted directly by the clinic pharmacist under supervision of the treating doctor.

This structured process ensured rational use of medicines, accountability of stock, and traceability of every dispensed item, while minimizing wastage or misuse. Clinicians reported that oral rehydration salts and antibiotics (particularly Azithromycin and Ciprofloxacin) were critical in managing spikes of acute watery diarrhea and pneumonia cases, especially in Lewa/Osmani IDP Camp and Chinar Village of Sokai District.



Field staff also used insect repellents and hygiene materials during the mosquito-borne disease prevention campaign, which benefited 260 families (3,570 individuals), significantly reducing infection risk during the climatic transition from cool to hot weather.

AGCO's operational teams coordinated closely with AIMA and local health authorities, ensuring proper supervision, data validation, and alignment with provincial health strategies. Two field monitoring visits were carried out (1–2 October and 29–30 October 2025) to review prescription compliance, verify stock levels, and deliver replenishment and staff support packages.

### 5.4 Geographic Coverage

The project served four priority districts of Kunar Province, combining outreach and fixed service models:

| District   | Key Locations Served     | Service Modality | Primary Beneficiaries                                     |
|------------|--------------------------|------------------|-----------------------------------------------------------|
| Khas Kunar | Khas Kunar IDP Camp      | Fixed Clinic     | Displaced families from two earthquake-affected districts |
| Nurgal     | Remote mountain villages | Mobile Clinic    | Returnee and earthquake-affected families                 |
| Chawkay    | Rural settlements        | Mobile Clinic    | IDPs and vulnerable women/children                        |

|           |                                                          |               |                                    |
|-----------|----------------------------------------------------------|---------------|------------------------------------|
| Ghaziabad | Dap, Shamel, Jalala, Gonai, Dargam, and Hendgal Villages | Mobile Clinic | Hard-to-reach isolated communities |
|-----------|----------------------------------------------------------|---------------|------------------------------------|

This geographic coverage ensured accessibility for both **centralized displacement camps** and **remote rural areas** that lacked formal health services.

## 5.5 Implementation Timeline

| Period             | Key Activities                                                                                                                                          |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29 Sep 2025        | Receipt and verification of Direct Relief medicine shipment via AAHO.                                                                                   |
| 1–30 Oct 2025      | Launch of mobile clinic operations in Nurgal, Chawkay, and Ghaziabad districts; emergency and primary care for 4,284 individuals (4,694 disease cases). |
| 1–31 October 2025  | Complete establishment and operation of fixed clinic in Khas Kunar IDP Camp; 3,258 consultations (3,563 clinical cases).                                |
| Mid-October 2025   | Public health campaign in Lewa/Osmani IDP Camp; distribution of insect repellents to 260 families (3,570 individuals).                                  |
| 1–2 October 2025   | First field monitoring visit – verification of prescription logs, medicine stock, and clinic performance.                                               |
| 29–30 October 2025 | Second monitoring visit – delivery of staff salaries, medicine replenishment, and coordination with Jalala Clinic (Ghaziabad).                          |
| 1–8 November 2025  | Data consolidation, analysis, and preparation of final reporting documentation.                                                                         |

## 6. Key Achievements

During the reporting period from 1 October to 15 November 2025, the Afghanistan Green Crescent Organization (AGCO), in partnership with AIMA and with Medicine support from Direct Relief through AAHO, successfully implemented both mobile and fixed health services across Kunar Province.

These interventions ensured continued access to essential healthcare for communities affected by the August–September 2025 earthquakes, particularly focusing on displaced families, returnees, and vulnerable populations residing in remote or underserved areas.

### 6.1 Health Service Delivery

A total of 7,542 individuals received primary and emergency healthcare consultations through AGCO’s mobile and fixed clinics during the reporting period.

| Service Modality | Location(s)                          | Male  | Female | Children (<15 years) | Total Consultations | Clinical Cases Managed |
|------------------|--------------------------------------|-------|--------|----------------------|---------------------|------------------------|
| Mobile Clinics   | Nurgal, Chawkay, Ghaziabad Districts | 1,335 | 2,168  | 783                  | 4,284               | 4,694                  |



|                     |                              |       |       |     |              |              |
|---------------------|------------------------------|-------|-------|-----|--------------|--------------|
| <b>Fixed Clinic</b> | Khas Kunar IDP Camp          | 203   | 315   | —   | 538          | 538          |
| <b>Total</b>        | Across all operational areas | 1,538 | 2,483 | 783 | <b>7,542</b> | <b>8,257</b> |

The clinics provided a wide range of curative and preventive health services, including treatment of respiratory infections, gastrointestinal illnesses, dermatological and skin diseases, hypertension, diabetes, and musculoskeletal disorders.

Notably, the fixed clinic in Khas Kunar IDP Camp became a crucial access point for displaced families from two earthquake-affected districts, ensuring consistent follow-up and care for chronic and maternal health cases.

## 6.2 Maternal and Child Health Services

Maternal and child health remained a priority throughout the project. A total of 580 maternal and reproductive health consultations were delivered, encompassing antenatal care (ANC), postnatal care (PNC), and family planning services.

| Type of Service                      | Number of Consultations |
|--------------------------------------|-------------------------|
| <b>Antenatal Care (ANC)</b>          | 298                     |
| <b>Postnatal Care (PNC)</b>          | 156                     |
| <b>Family Planning Consultations</b> | 126                     |
| <b>Total</b>                         | <b>580</b>              |

These services were provided primarily by qualified female doctors and midwives, supported by community awareness sessions on safe motherhood and birth preparedness.

The clinics also distributed multiple micronutrient supplements (MMS) to pregnant women, part of the antenatal package donated by Kirk Humanitarian through Direct Relief.



## 6.3 Disease Management and Epidemiological Trends

The clinics treated a range of acute and chronic conditions, with the most common cases recorded as follows:

| Disease/Condition                                                          | Approximate % of Total Cases | Remarks                                                         |
|----------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|
| Respiratory infections (cough, cold, pneumonia)                            | 25%                          | High incidence in high-altitude and IDP settings                |
| Gastrointestinal diseases (acute watery/bloody diarrhea, peptic disorders) | 21%                          | ORS and antibiotics were critical in Lawa Camp & Chinar Village |
| Skin infections and dermatological conditions                              | 16%                          | Linked to poor hygiene and vector exposure                      |
| Musculoskeletal disorders and joint pain                                   | 11%                          | Common among adult males and elderly returnees                  |
| Hypertension and cardiovascular diseases                                   | 9%                           | Chronic disease cases managed with medication                   |
| Mental health and stress-related symptoms                                  | 8%                           | Related to trauma and displacement                              |
| Diabetes and metabolic disorders                                           | 6%                           | Managed with Metformin and Empagliflozin                        |
| <b>Total Managed Clinical Cases</b>                                        | <b>100%</b>                  | <b>8,257 cases across project period</b>                        |

The availability of antibiotics, oral rehydration salts, and chronic disease medications from **Direct Relief** was critical in maintaining consistent treatment for both acute and long-term health needs.

## 6.4 Public Health Campaigns

A key preventive intervention was the Public Health Campaign against Mosquito-Borne and Skin Diseases, conducted in Lewa/Osmani IDP Camp, Khas Kunar District, in October 2025.

The campaign, implemented jointly by AGCO and AIMA, distributed insect repellents and hygiene materials to 260 families (3,570 individuals) using a door-to-door approach.

- Distributed items included insect repellent dispensers and DEET-based spray bottles donated by Direct Relief.
- Awareness sessions focused on personal hygiene, proper repellent use, and mosquito control.
- The initiative directly responded to community and camp authority requests during the seasonal shift from cool to hot weather, when vector-borne diseases tend to increase.



This campaign contributed significantly to reducing the incidence of skin infections and mosquito-related illnesses within the camp population.



## 6.5 Capacity Building, Monitoring, and Coordination

Strong coordination and capacity-building measures were embedded in the project's implementation:

- Two field monitoring missions were conducted (1–2 October and 29–30 October 2025) by AGCO's management team to oversee clinical service delivery, assess patient records, and verify prescription compliance.
- Refresher guidance was provided to medical staff on rational medicine use, data recording, and patient confidentiality.
- Collaboration with AIMA and local health authorities ensured compliance with national healthcare standards and reinforced trust within the communities.
- Operational sustainability was enhanced through the transition from emergency mobile response to a permanent fixed clinic model in Khas Kunar, ensuring continued access beyond the project timeline.

## 6.6 Summary of Achievements

| Key Indicator                                  | Results                                    |
|------------------------------------------------|--------------------------------------------|
| Total patients consulted                       | 7,542                                      |
| Total clinical cases treated                   | 8,257                                      |
| Maternal and reproductive health consultations | 580                                        |
| Public health campaign participants            | 3,570 individuals (260 families)           |
| Health facilities operational                  | 2 Fixed Clinic + 1 Mobile Teams            |
| Monitoring missions completed                  | 2                                          |
| Staff supported (medical and field)            | 9 personnel                                |
| Districts covered                              | 4 (Khas Kunar, Nurgal, Chawkay, Ghaziabad) |

Through this integrated approach—combining direct medical services, maternal care, disease prevention, and community awareness—the project significantly strengthened health resilience among earthquake-affected populations in Kunar Province. The effective use of Direct Relief's donated medicines and supplies under a structured prescription system ensured both impact and accountability, while setting a sustainable foundation for ongoing humanitarian health assistance.

## 7. Monitoring, Evaluation, and Accountability (MEA)

The Kunar Fixed and Mobile Health Services Project, implemented by the Afghanistan Green Crescent Organization (AGCO) in collaboration with AIMA and with support from Direct Relief through AAHO, incorporated a robust Monitoring, Evaluation, and Accountability (MEA) framework to ensure transparency, quality, and continual improvement throughout the implementation period.

The MEA system focused on verifying service delivery performance, ensuring rational medicine use, and strengthening accountability to beneficiaries, local authorities, and partners.

### 7.1 Monitoring Mechanisms and Field Supervision

Performance monitoring was conducted through **regular field visits**, **on-site verification of service data**, and **coordination meetings** with project staff and local stakeholders.

Two official monitoring missions were undertaken by AGCO's provincial management team during the reporting period:

| Visit Dates              | Purpose and Key Activities                                                                                                                                                                                           |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1–2<br>October<br>2025   | Initial performance review of Kunar clinics; verification of medicine stock, prescription practices, and data accuracy; collection of patient feedback from Lewa/Osmani IDP Camp.                                    |
| 29–30<br>October<br>2025 | Follow-up monitoring and supervision; salary disbursement and medicine replenishment; data validation; review of clinical records and case documentation; coordination visit to Jalala Clinic in Ghaziabad District. |

Each visit included a systematic review of patient registers, prescription logs, and stock management sheets to confirm data reliability. Field supervisors also conducted spot checks of consultation processes, ensuring adherence to medical ethics, gender sensitivity, and hygiene standards.

### 7.2 Data Verification and Reporting

All clinic data—including patient numbers, gender and age disaggregation, and disease trends—were recorded daily by clinic staff using standardized registers designed in alignment with the Ministry of Public Health (MoPH) reporting format.

Data were compiled weekly, cross-checked by AIMA's health coordinator, and then validated by AGCO's provincial management before being consolidated into monthly progress summaries.

#### Verification included:

- Cross-matching medicine usage logs with prescription records to confirm rational distribution.
- Spot audits of patient registers to prevent duplication or overreporting.
- Review of stock balances against Direct Relief shipment records to ensure full traceability.

This multi-level data validation process ensured the accuracy and credibility of all quantitative results reported to partners and donors.

### 7.3 Accountability to Beneficiaries and Local Stakeholders

AGCO maintained a strong commitment to accountability at the community level by ensuring that affected populations had a voice in the project's implementation.

Accountability was upheld through the following mechanisms:

- Patient feedback sessions conducted informally during mobile and fixed clinic visits, allowing clients to express satisfaction levels, suggest improvements, and report challenges such as medicine shortages or referral needs.
- Consultations with local leaders and camp representatives to ensure equitable access to services and responsiveness to community priorities.
- Complaint and suggestion channels, where verbal feedback was collected by clinic focal points and relayed to management during monthly coordination calls.

Feedback gathered through these mechanisms led to minor operational adjustments, such as extending clinic working hours in Khas Kunar Camp during peak patient flow and improving waiting area arrangements for women and children.

### 7.4 Quality Assurance and Compliance

Quality assurance was maintained through continuous oversight by AGCA management and field team leader, ensuring compliance with national health protocols and clinical best practices.

Specific quality control measures included:

- Routine observation of consultation and prescription procedures by field supervisors/clinic team leader .
- Verification of storage and handling of medicines, including temperature monitoring and expiry checks.
- Guidance to staff on infection prevention and control (IPC) measures, particularly during the mosquito-borne disease campaign.
- Regular briefings on ethical conduct, patient privacy, and gender-sensitive care.

AGCO's management emphasized capacity strengthening and performance accountability, fostering a culture of transparency, teamwork, and continuous learning among all field personnel.

### 7.5 Summary of Monitoring and Accountability Achievements

| Monitoring Component              | Achievement / Status                                                                  |
|-----------------------------------|---------------------------------------------------------------------------------------|
| Field monitoring visits conducted | 2 completed (Oct 1–2 and Oct 29–30, 2025)                                             |
| Data verification and reporting   | Weekly validation with field supervisors/team leaders; monthly consolidated reporting |
| Feedback mechanisms               | Patient and community consultations; local coordination meetings                      |



|                           |                                                                                                                    |
|---------------------------|--------------------------------------------------------------------------------------------------------------------|
| Quality assurance actions | Routine observation, medicine management checks, IPC compliance                                                    |
| Accountability outcomes   | Improved service quality, stronger trust from local communities, and enhanced coordination with health authorities |

Through these mechanisms, AGCO ensured that project implementation remained transparent, data-driven, and community-responsive. The integrated MEA system not only strengthened internal controls and donor confidence but also improved the quality, credibility, and sustainability of health service delivery in Kunar Province.

## 8. Challenges and Lessons Learned

### 8.1 Key Challenges

Throughout the implementation of the **Kunar Fixed and Mobile Health Services Project**, several **operational, logistical, and contextual challenges** were encountered. These constraints, though expected in post-disaster environments, affected field operations and required adaptive management to maintain service continuity.

#### 1. Limited Access to Remote and Insecure Areas

- The rugged terrain, damaged infrastructure, and residual insecurity in parts of Nurgal, Chawkay, and Ghaziabad districts created significant logistical hurdles for mobile clinic deployment.
- Some target villages were accessible only by foot or motorcycle, limiting the frequency and reach of outreach visits, particularly during adverse weather conditions.



#### 2. Supply Chain and Logistics Constraints

- Although Direct Relief's medicine shipment was received and deployed efficiently, transportation of supplies to remote sites remained challenging due to poor road conditions and limited local storage capacity.
- Occasional delays in replenishing essential medicines were reported, especially antibiotics and ORS, during peaks of diarrheal and respiratory infections.



### 3. Staffing and Workload Pressure

- Given the limited pool of qualified medical staff—especially female doctors and midwives—teams faced heavy workloads during high patient inflow days.
- Extended working days and hours ( seven days on week) were often required to accommodate both clinical care and data reporting responsibilities.

### 4. Community Health Awareness Gaps

- In some displacement sites, particularly in **Lewa/Osmani IDP Camp**, initial misconceptions and cultural sensitivities regarding women’s health services led to hesitation in seeking care.
- Preventive health awareness, including hygiene practices and vector control, was initially low, contributing to recurring skin and gastrointestinal conditions.



### 5. Environmental and Climatic Challenges

- The shift from cool to hot weather in October increased the spread of mosquito-borne and skin diseases, requiring urgent public health interventions.
- Limited availability of clean water in some camps further heightened risks of waterborne illnesses.

Despite these challenges, AGCO’s flexible planning, coordination with national and International stakeholders, and active engagement with local authorities and communities enabled continuous service delivery and adaptive problem-solving throughout the project cycle.

## 8.2 Lessons Learned

The implementation of this project offered valuable insights and operational lessons that will guide AGCO’s future health interventions in Afghanistan and similar humanitarian contexts.

### 1. Integration of Mobile-to-Fixed Service Models Enhances Sustainability

- Keeping both emergency mobile clinics and permanent fixed clinic in Khas Kunar IDP Camp as well as in Ghaziabad district proved highly effective and wider access as well as sustaining healthcare delivery.
- This hybrid model ensures continued access for displaced families while maintaining the flexibility to respond to emerging needs elsewhere.

### 2. Local Partnerships Improve Efficiency and Community Trust

- Collaboration with AIMA, AAHO, and local health authorities significantly improved coordination, clinical supervision, and compliance with national health standards.
- Partnering with local leaders and camp committees increased acceptance and utilization of services, especially among women and children.

### 3. Structured Prescription and Accountability Systems Build Credibility

- Implementing a prescription-based medicine distribution mechanism not only improved rational drug use but also strengthened donor confidence in transparency and resource management.
- The system also provided reliable data for monitoring disease patterns and medicine consumption trends.

### 4. Preventive Health Campaigns are Cost-Effective and High-Impact

- The mosquito-borne disease prevention campaign demonstrated that targeted preventive actions can substantially reduce disease burden with modest resources.
  - Integrating health awareness activities into clinical service delivery enhances community resilience and long-term behavior change.
5. **Continuous Monitoring and Feedback Loops Strengthen Quality**
    - Regular field monitoring and data verification visits helped maintain service standards and ensure real-time corrective actions.
    - Patient feedback and community consultations provided valuable insights for service improvement and accountability.
  6. **Investing in Local Capacity Yields Long-Term Benefits**
    - Building the skills and motivation of local health workers through on-the-job training, supervision, and fair remuneration has proven crucial for sustaining future interventions.

### 8.3 Forward-Looking Reflections

The challenges encountered have underscored the importance of flexible, community-centered programming and strong local partnerships in fragile environments. Future programming will prioritize:

- Expanding fixed and mobile-clinics coverage in displacement-prone districts.
- Establishing buffer medicine stocks for rapid deployment during seasonal disease spikes.
- Enhancing community awareness and engagement in preventive healthcare.

These lessons position AGCO to continue delivering effective, accountable, and sustainable health services for vulnerable populations in Kunar and beyond.

## 9. Coordination and Partnerships

The success of the Kunar Fixed and Mobile Health Services Project was built upon strong partnerships and coordinated engagement among national, local, and international actors. From the outset, AGCO prioritized collaboration and alignment with the Ministry of Public Health (MoPH), ensuring that all project interventions complemented the broader provincial health response in earthquake-affected districts.

### 9.1 Collaboration with Key Partners

- **Afghanistan Islamic Medical Association (AIMA):**  
AIMA served as AGCO's primary technical partner, providing qualified medical staff, clinical supervision, and compliance oversight in accordance with MoPH standards. Joint monitoring missions were conducted to review case management practices, data accuracy, and adherence to medical ethics. AIMA's contribution was vital in ensuring service quality and the professional development of local health personnel.
- **Direct Relief / AAHO:**  
The partnership with Direct Relief through AAHO was instrumental in sustaining the project's operations. The donated shipment of essential medicines, medical supplies, and equipment enabled both the mobile outreach clinics and the fixed Khas Kunar IDP Clinic and Ghaziabad Jalal

Clinic to deliver life-saving services throughout the reporting period. AAHO provided logistical coordination, customs facilitation, and follow-up on utilization reporting to ensure accountability and transparency.

- **Local Health Authorities and Provincial MoPH Department:** Continuous coordination with the Kunar Provincial Health Directorate ensured that AGCO's activities were harmonized with MoPH's emergency health response strategy. This included joint data sharing, patient referral mechanisms, and alignment with national reporting templates. Local authorities also supported site identification for fixed-clinic setup and facilitated access to remote or restricted areas.
- **UNICEF and WHO:** Both UNICEF and WHO were active in the same operational areas, primarily focusing on immunization campaigns, nutrition screening, cold-chain support, and disease surveillance. AGCO maintained coordination through regular MoPH-led provincial health cluster meetings, ensuring complementarity and avoiding overlap. AGCO's clinics referred malnourished children and vaccination-eligible cases to UNICEF-supported programs, while disease trend data (particularly on diarrhea and pneumonia) were shared with WHO to support ongoing surveillance and response coordination.
- **Community Leaders and Camp Committees:** Local elders and IDP camp representatives played an essential role in mobilizing patients, facilitating health awareness sessions, and supporting the mosquito-borne disease prevention campaign. Their involvement enhanced trust, access, and acceptance of health services, especially among women and displaced populations.



## 10. Sustainability and Exit Strategy

AGCO designed the project's exit strategy around continuity, capacity, and integration — ensuring that essential health services would remain accessible after the completion of the Direct Relief-supported phase.

### 10.1 Integration with MoPH Systems

To promote sustainability, AGCO aligned all clinical and reporting procedures with MoPH's Basic Package of Health Services (BPHS) framework. The Khas Kunar Fixed Clinic has been recognized by the Provincial Health Directorate as a complementary facility to the existing health network, with potential integration into the BPHS structure if future funding becomes available. Patient data and service statistics are regularly shared with the district health office to support planning and coordination.

### 10.2 Local Staff Capacity Building

Throughout implementation, AGCO focused on building the capacity of local health workers ( clinic hired local staff) through on-the-job mentoring, supervision, and practical training on:

- Prescription management and rational drug use

- Infection prevention and control (IPC)
- Maternal and child health care
- Data collection and reporting

This investment has strengthened local capacity to independently manage future clinic operations and support the broader health system response in Kunar.

### 10.3 Future Collaboration and Resource Mobilization

To sustain and expand healthcare access, AGCO is exploring future partnerships and funding opportunities. This includes:

- Engaging with UNICEF and WHO for joint initiatives in maternal and child health, immunization, and disease prevention.
- Mobilizing resources through the Taawon Project proposal, International Foundation for Green Crescent (IFGC) which aims to provide free health services for vulnerable and poor patients in Kunar.
- Continuing collaboration with Direct Relief and AAHO to secure replenishment of essential medicines for 2026.

Through these efforts, AGCO aims to maintain the operational presence of the Fixed Clinic and ensure long-term, locally led health service delivery in Kunar Province.

## 11. Conclusion and Recommendations

### 11.1 Conclusion

The Kunar Fixed and Mobile Health Services Project, implemented by the Afghanistan Green Crescent Organization (AGCO) in close partnership with the Afghanistan Islamic Medical Association (AIMA) and with generous Medicine support from Direct Relief through AAHO, has achieved significant and lasting impact in providing life-saving healthcare to earthquake-affected, displaced, and returnee populations across Kunar Province.

Between October and mid November 2025, AGCO successfully delivered more than 7,500 primary and emergency healthcare consultations, managing over 8,200 clinical cases across the districts of Nurgal, Chawkay, Ghaziabad, and Khas Kunar. These included treatment for acute and chronic illnesses, maternal and child health services, family planning, and preventive health initiatives.

The establishment of the Amena Fixed Clinic in Khas Kunar IDP Camp transformed the initial emergency mobile operation into a sustained healthcare presence. This facility now serves as a lifeline for hundreds of displaced and vulnerable families, ensuring continuity of care and accessibility to essential health services.

The Direct Relief medicine shipment, facilitated by AAHO, was a cornerstone of this success — providing a diverse range of essential medicines, diagnostic tools, and infection prevention materials that enabled both fixed and mobile clinics to function effectively throughout the crisis response. Without this critical support, the project's reach and quality of services would have been severely limited.



Additionally, the public health campaign against mosquito-borne and skin diseases—reaching 260 families (3,570 individuals)—demonstrated the tangible impact of preventive interventions and the effective use of donated medical supplies.

The project underscored the value of Direct Relief and AAHO's partnership in delivering targeted, efficient, and accountable humanitarian health assistance. Their continued collaboration will be vital for scaling up operations, expanding service coverage, and addressing the ongoing needs of vulnerable populations in Kunar and other high-priority provinces.

## 11.2 Recommendations

Building on the achievements and lessons learned, AGCO offers the following recommendations to strengthen future cooperation and ensure the sustainability of humanitarian health services in Afghanistan:

- 1. Expand Direct Relief and AAHO Support to Additional Districts**
  - Building on the proven success in Kunar, AGCO recommends expanding support to other underserved areas such as Nurgal, Chawkay, and Sarkani, where displaced and returnee families still lack consistent access to healthcare.
  - Continued provision of essential medicine shipments, diagnostic kits, and medical equipment through Direct Relief and AAHO will enable broader coverage and enhanced quality of care.
- 2. Sustain the Khas Kunar Fixed Clinic and Establish Additional Sites**
  - The Amena Fixed Clinic model should be maintained as a permanent facility and replicated in other disaster-prone districts.
  - With Direct Relief's continued material support and AAHO's logistical coordination, AGCO can ensure the clinic's self-sufficiency and scalability.
- 3. Strengthen Maternal and Child Health Services**
  - Increased focus on maternal and newborn care, including antenatal and postnatal services, family planning, and nutrition support, is essential.
  - Direct Relief's continued supply of maternal micronutrient supplements, ORS, and antibiotics can significantly improve health outcomes for women and children.
- 4. Continue Preventive Health and Community Awareness Campaigns**
  - Building on the success of the mosquito-borne disease prevention campaign, similar seasonal health initiatives should be conducted regularly to prevent outbreaks of diarrhea, respiratory infections, and vector-borne diseases.
  - Direct Relief and AAHO's provision of hygiene kits, repellents, and educational materials will strengthen community resilience.
- 5. Enhance Local Capacity and Accountability Systems**
  - Continuous mentoring, supervision, and on-the-job training for local doctors, midwives, and pharmacists will promote sustainable, community-led healthcare.
  - AGCO will maintain the structured prescription and medicine tracking system, ensuring transparent and efficient use of all donated resources.
- 6. Deepen Strategic Collaboration with Direct Relief and AAHO**
  - AGCO recommends developing a multi-year cooperation framework with Direct Relief and AAHO focused on sustained primary healthcare delivery, medicine supply, and emergency response readiness.

- Joint visibility and reporting mechanisms can further demonstrate impact and attract additional donor confidence for program expansion.
- 7. **Prepare for Future Emergencies through Joint Contingency Planning**
  - Establishing a shared emergency stockpile and rapid deployment system in Kunar could ensure a faster and more coordinated health response to future natural disasters or disease outbreaks.

### 11.3 Closing Remark

AGCO extends its deepest gratitude to Direct Relief and AAHO for their unwavering generosity, trust, and partnership. Their medicine support not only sustained this life-saving intervention but also strengthened the foundation for long-term, community-based healthcare delivery in one of Afghanistan's most vulnerable provinces.

The dedication of AGCO medical teams, the collaboration of local authorities, and the compassion of all partners made it possible to restore health and hope to thousands of families in need.

AGCO remains fully committed to continuing this joint mission — to save lives, restore dignity, and build a resilient, self-sustaining healthcare system for Afghanistan's most vulnerable communities, Inshallah.

## 12. Annexes

Include supporting documents such as:

1. **Annex-A:** Success story of the Public Health Campaign against Mosquito-Borne and Skin Diseases, conducted in Lewa/Osmani IDP Camp, Khas Kunar District.
2. **Annex-B:** Case studies of beneficiaries.
3. **Annex-C:** Process of Direct Relief donated medicine receiving, storage and distribution photographical process.

**End of Report**

# Annex-A

## Success Story — Public Health Campaign Against Mosquito-Borne and Skin Diseases in Lewa/Osmani IDP Camp, Khas Kunar District

### 1 A Timely Intervention That Protected Thousands

In early October 2025, as the weather in Kunar Province shifted abruptly from cool to warm, the population of Lewa/Osmani IDP Camp faced an alarming health emergency. The camp—home to more than 3,500 internally displaced persons (IDPs) uprooted by the devastating earthquakes—became a perfect breeding ground for mosquitoes and skin infections due to overcrowding, stagnant water, and poor sanitation.



With increasing humidity and temperature, mosquito activity surged, bringing a sharp rise in fever, itching, rashes, and sleepless nights among families. The camp's limited medical infrastructure and high population density heightened the risk of mosquito-borne and communicable diseases, such as malaria, dengue, and secondary skin infections.

This growing public health threat was formally raised by both local authorities and camp representatives, who urgently appealed for assistance to prevent a potential disease outbreak.

#### 1.1 Direct Relief's Support: Turning Urgency into Action

Responding swiftly to this call, the Afghanistan Green Crescent Organization (AGCO), in coordination with the Afghanistan Islamic Medical Association (AIMA), launched a Public Health Campaign Against Mosquito-Borne and Skin Diseases. The initiative was made possible through the life-saving medical and repellent supplies donated by Direct Relief via AAHO, which proved pivotal to the success of the campaign.

The donated shipment included scientifically effective DEET 30% insect repellents (sprays and towelettes), antibacterial ointments, protective gloves, and oral rehydration salts, all of which were essential in managing both prevention and treatment. These materials allowed AGCO medical teams to reach every household in the camp with practical, evidence-based health protection measures.

From 10–15 October 2025, AGCO and AIMA's medical staff conducted door-to-door visits, distributed repellents and treatment kits to 260 families (3,570 individuals), and delivered health awareness sessions focusing on mosquito control, personal hygiene, and household sanitation.



## 1.2 Scientific and Health Significance

The campaign was grounded in scientific evidence:

- Mosquito behavior intensifies when temperatures rise following cool or rainy seasons. *Anopheles* and *Aedes* mosquitoes breed rapidly in warm, stagnant conditions—such as those found in temporary camps.
- Vector-borne diseases like malaria and dengue can spread swiftly in crowded settings lacking proper drainage or waste management.
- Preventive repellents with DEET formulations are clinically proven to reduce mosquito bites by over 90%, thus breaking the cycle of infection and sleep disruption among at-risk groups.

This intervention directly addressed those risk factors through preventive medicine, public awareness, and community mobilization, minimizing both infection rates and the psychological stress of persistent mosquito exposure.

### 1.2.1 Voices from the Camp

**Freshta, a 10-year-old girl**, described her experience with relief: “We couldn’t sleep at night. The mosquitoes bit us all the time. My face and hands were full of red marks. After using the spray the doctors gave us, I can finally sleep peacefully and study during the day.”



**Haji Abdullah, 72 years old**, one of the elders of the camp, expressed his gratitude: “Before this campaign, sickness was spreading and children couldn’t rest. We went to the camp leaders and asked for help. The AGCO team came quickly with medicine and repellents from Direct Relief and AAHO. They listened to our voices. Now the mosquitoes are gone, and our children sleep without fear. May Allah reward those who helped us.”



### 1.2.2 Tangible Impact and Measurable Outcomes

| Indicator                        | Result                                                          |
|----------------------------------|-----------------------------------------------------------------|
| Families Reached                 | 260 families (3,570 individuals)                                |
| Repellent Kits Distributed       | 260 sets (spray + towelette)                                    |
| Awareness Sessions Conducted     | 14 small-group sessions                                         |
| Reduction in Mosquito Complaints | Over 70% reduction within 10 days (based on community feedback) |
| Reported Skin Infections         | Declined by 60% after two weeks (fixed clinic records)          |

Post-campaign monitoring confirmed a **marked decrease in mosquito activity, fewer new skin infections, and improved sleep quality** among camp residents—especially children and the elderly. The intervention also reduced clinic visits for allergic and dermatological issues, freeing resources for other priority health needs.

### 1.3 A Model of Effective Donor Partnership

This success story stands as powerful evidence of what can be achieved when targeted donor support, technical expertise, and community engagement work hand in hand. The Direct Relief and AAHO partnership enabled AGCO to respond quickly and effectively to a localized health emergency before it escalated into a larger outbreak.

Their timely donation of scientifically validated medicines and repellents transformed a vulnerable camp population into a more resilient, healthier community. Beyond medical aid, the campaign restored hope and dignity among families who had endured months of hardship and displacement.

### 1.4 Sustaining the Momentum

AGCO eager to expand similar preventive health initiatives in other high-risk districts such as Nurgal, Chawkay, and Sarkani, where displaced families face comparable environmental and health vulnerabilities. Continued collaboration with Direct Relief and AAHO—through regular supply of repellents, essential medicines, and public health education materials—will ensure sustained protection and preparedness for future outbreaks.

This campaign not only demonstrated the power of prevention but also reaffirmed that strategic donor investments in community-level health can yield life-saving, long-term impact in fragile humanitarian settings.

**“When weather changes, health risks change too — but with support like that from Direct Relief and AAHO, even the smallest intervention can protect thousands.”**



## Annex-B

### 1.5 Case Study: Jamal, Son of Jamil — A Survivor of Midnight Loss and a Story of Quiet Strength

*(From Shamsh Village, Noorgal District – Now Living in Khas Kunar IDP Camp)*

#### 2 The Night That Changed Everything

On the night of the earthquake, **Jamal**, a young man from Shamsh village, had stepped outside his home around **11:30 PM**. The air was cool and quiet, and like many in the village, he was preparing to settle down for the night. After a short while, he returned inside, laid down to rest, and barely **15 minutes** had passed when the ground beneath him began to shake violently.

Startled and terrified, Jamal jumped to his feet and ran toward the door. But before he could reach safety, the entire structure collapsed, burying him under broken stones, beams, and dust. Trapped in darkness, injured and struggling to breathe, he could hear the sound of destruction around him — but not the voices of his family.

For 30 painful minutes, he lay helpless until neighbors and survivors managed to pull him out of the rubble. Though he was saved from immediate danger, the worst news was yet to come:

**His entire family — wife, four sons and two daughters — had been killed instantly when the house collapsed.**

Jamal was evacuated to the hospital and admitted for **25 days**, undergoing treatment for multiple fractures, crush injuries, and emotional trauma. He could not be present when his family's bodies were retrieved the following day. He was not able to see them, bury them, or say goodbye.

He often says now:

*"I lost everyone in one night. When I came out of the hospital, I had no home, no family, and no strength left."*



### 3 Alone but Not Abandoned

After being discharged, with no relatives remaining and nowhere to return, Jamal moved to the Khas Kunar IDP Camp. It was here that he found the support he desperately needed.

The AGCO Fixed Health Clinic, supported through the medicines and supplies donated by Direct Relief via AAHO, became his lifeline. He visited the clinic regularly for:

- Dressing of wounds and fracture follow-up
- Pain management and infection prevention
- Psychological counselling and emotional support
- General health check-ups
- Guidance on trauma coping and stress management

The clinic staff treated him not simply as a patient, but as a human being carrying a heavy sorrow. They spoke with him gently, encouraged him, and reminded him that he was not alone.



The consistent availability of medicines — antibiotics, analgesics, dressings, and mental health support — ensured his physical recovery continued without interruption. More importantly, Jamal found a safe place where he could talk about his grief, his nightmares, and his fears for the future.

Despite losing his entire family, he expresses deep gratitude:

*“If the clinic was not here, I don’t know how I would have survived. These doctors and nurses helped me when no one else was left.”*

### 4 Standing Again After Shattered Foundations

Jamal’s journey forward is difficult, but he is slowly reclaiming his life. His physical wounds have healed, though the emotional ones remain tender. He speaks calmly about rebuilding his strength and learning to live with patience and faith.

He hopes one day to support other earthquake survivors or displaced individuals, believing his experience gives him empathy and purpose.

*“Allah saved me for a reason. I will try to help others as I was helped.”*

The AGCO clinic continues to monitor his health, offer counselling, and ensure he has access to medicines and care. While he has no remaining family, the clinic team and fellow IDPs have become a source of comfort and community.



## **A Message to Donors**

Jamal's recovery would not have been possible without the dedicated medical care and essential supplies donated by donors including Direct Relief through AAHO.

Their support ensured:

- timely treatment of his injuries,
- continuous pain and infection management,
- mental health support during deep personal loss,
- and a dignified recovery despite having no family left.

His survival and gradual healing stand as a testament to how donor compassion can profoundly transform the life of someone who has lost everything.

**Jamal's story is a reminder that even in the darkest nights, a small act of humanity can become a person's only source of light.**

## Case Study (2): Ahmad, Son of Kabir – A Story of Survival, Healing, and Hope

(From Arrit Village, Noorgal District – Now Residing in Khas Kunar IDP Camp)

When the devastating earthquake struck Anderlachak village in Sokai District, 12-year-old **Ahmad** was inside his family home, unaware that his life was about to change forever. In a matter of seconds, the walls collapsed, and Ahmad was trapped under the wooden beams and broken floor of his home.

For **eighteen long hours**, the young boy lay crushed beneath the rubble, frightened, injured, and unable to move. His right arm had suffered a severe humerus fracture, and his body was covered with cuts, bruises, and deep traumatic wounds. Yet he held onto life with remarkable courage.



When rescue teams and villagers finally managed to pull him from the debris, he was unconscious and in critical condition. Due to the severity of his injuries, Ahmad was immediately airlifted by helicopter to the central hospital. He remained hospitalized for seven days, receiving emergency care for his fracture, trauma, and internal injuries. Continued Care in the Khas Kunar IDP Camp

After being discharged, Ahmad and his family, who had lost their home, were relocated to the Khas Kunar IDP Camp, where they struggled to cope with displacement, loss, and uncertainty. It was during this painful time that the AGCO Fixed Clinic, supported by Direct Relief through AAHO, became a lifeline for Ahmad.

Every day, Ahmad visited the clinic—sometimes carried by his father, sometimes helped by someone else—for:

- Daily wound dressing and fracture monitoring
- Pain management and infection prevention
- Follow-up checkups to ensure proper bone healing
- Psychological counselling, to help him cope with the trauma of being trapped, the fear of aftershocks, and the emotional distress of losing his home



The clinic's doctors and midwives also worked closely with his mother, teaching her how to support Ahmad's recovery and helping the family understand the healing process.

## 5 Recovery and Transformation

Within weeks, with proper care, protection, and emotional support, Ahmad's condition improved dramatically. His wounds healed, his arm gained strength, and his spirit returned. The same child who once lay under the rubble—exhausted, terrified, and in pain—now walks around the camp with confidence and hope.

He often stops by the clinic just to say, **"Thank you for saving my life."**

### A Message from Ahmad's Father, Kabir

*"When the earthquake buried my son, I thought I had lost him forever. Allah saved him, and then the doctors continued that mercy. The fixed clinic in the camp cared for him like their own child. The medicines, the dressings, even the kind words—they healed his body and his heart. We will never forget this help."*

## 6 A Life Rebuilt Through Compassion and Support

Ahmad's story is a powerful example of how timely medical assistance, psychological care, and humanitarian support can rebuild a life shattered by disaster. The medicines, dressing supplies, pain relief, and counselling made available through Direct Relief and AAHO's generous support played a crucial role in his healing.

Today, Ahmad is healthy, active, and full of dreams again. His recovery is not just a medical success—it is a testament to how collaboration, compassion, and donor support can restore hope to families who have lost everything.





Process of Direct Relief donated medicine receiving, storage and distribution

